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DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	Verizon-35 (03-1501)	
	First Named Inventor	Margaret MALAGON	
	COMPLETE IF KNOWN		
	Application Number	Not yet assigned	
	Filing Date	Herewith	
	Art Unit	Not yet assigned	
		Examiner Name	Not yet assigned

☒ Declaration Submitted with Initial Filing
 OR
 ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHODS AND APPARATUS FOR IDENTIFYING AND PROCESSING OPERATOR SERVICE CALLS

(Title of the invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

DECLARATION AND POWER OF ATTORNEY
Utility or Design Patent Application

Power of Attorney:

As a named inventor, I hereby appoint:

Leonard C. Suchyta (Reg. No. 25,707)
James K. Weixel (Reg. No. 44,399)
Loren C. Swingle (Reg. No. 32,764)
Adam T. Bernstein (Reg. No. 36,746)

as my attorneys to prosecute this application and to transact all business in the United States Patent and Trademark Office in connection therewith.

DECLARATION AND POWER OF ATTORNEY
Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number or Bar Code Label		32127		OR <input type="checkbox"/> Correspondence address below	
Name Leonard C. Suchyta, c/o Christian R. Andersen, Verizon Services Group							
Address 600 Hidden Ridge Drive, Mail Code: HQE03H01							
City Irving				State TX		ZIP 75038	
Country USA				Telephone (972) 718-4741		Fax (972) 718-3946	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) Margaret				Family Name or Surname MALAGON			
Inventor's Signature <i>Margaret Malagon</i>				Date 10/29/03			
Residence: City Bergenfield		State NJ		Country U.S.		Citizenship U.S.	
Mailing Address 16 South Taylor Street							
City Bergenfield		State NJ		ZIP 07621		Country U.S.	
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) Susan M.				Family Name or Surname MIDDLESWARTH			
Inventor's Signature <i>Susan M. Middleswarth</i>				Date 11/7/03			
Residence: City Silver Spring		State MD		Country U.S.		Citizenship USA	
Mailing Address 10347 Green Holly Terrace							
City Silver Spring		State MD		ZIP 20902		Country U.S.	
<input checked="" type="checkbox"/> Additional inventors are being named on the ...1... supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							

Please type a plus sign (+) inside this box → +

Modified PTO/SB/02A (11-00)
 Approved for use through 10/31/2002. OMB 0651-0032
 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION AND POWER OF ATTORNEY	ADDITIONAL INVENTOR(S) Supplemental Sheet Page 4 of 4
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
James Christoph		JONES	
Inventor's Signature		Date 11/10/03	
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City Silver Spring	State MD	ZIP 20904	Country U.S.
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Given Name (first and middle (if any))		Family Name or Surname	
Veronica Ann		CARTIER	
Inventor's Signature		Date 11/14/2003	
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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